Leadership in Substance Abuse Treatment and Recovery

December 2002

PARTNERS for recovery

Prepared by:
John Daigle
Florida Alcohol and Drug Abuse Provider Association

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Abstract

The complex challenges facing substance abuse treatment today require multifaceted solutions that must come from a diverse coalition of collaborative leaders with the commitment, vision and skill to affect the desired policy, fiscal and service delivery changes. This report examines such *leadership* for substance abuse treatment, particularly as it relates to implementation of the National Treatment Plan (Center for Substance Abuse Treatment, 2000). This report focuses on leadership in two critical areas: public policy and treatment improvement. As there is limited research dedicated to the leadership in the substance abuse arena, many current leaders in the field were consulted in the writing of this report to garner their opinions about the current status of leadership, focusing primarily on nongovernmental, leadership-related activities at the national, state and local levels. The report looks at leadership in various contexts and offers recommendations for strengthening existing leadership mechanisms and developing new leadership opportunities.

Introduction: Leading the Way

A simple definition of "leadership" is *the ability to translate a vision into reality*. A well-crafted vision provides a picture of the future that clarifies the general direction for change, motivates people to take action in the right direction and helps to coordinate the actions of different people in a remarkably fast and efficient way. The National Treatment Plan provides this type of ambitious vision for our field:

"The National Treatment Plan Initiative envisions a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. We envision a society in which substance abuse and dependence is recognized as a public health issue, a treatable illness for which individuals deserve treatment. We envision a society in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise." (NTP, 2000)

This vision eloquently enunciates, for most of us, the basic reasons why we entered this field and why we are still in it. It provides us with an opportunity to recommit ourselves to those goals and to that mission, in addition to providing the first step in a plan of action.

"Alone we can do so little; together we can do so much."

Helen Keller

Implementation of the National Treatment Plan will require an unprecedented commitment of leadership at the national, state and community levels. Many of the recommendations proposed in the National Treatment Plan impact multiple segments of society, avoid quick-fix solutions, and call for sustained initiatives and systemic change. This will require the involvement of a broad constituency of stakeholders to create sustainable strategies, such as: advocates; practitioners; researchers; provider agencies; groups concerned with the needs of special populations; the faith community; criminal justice, health and social service systems; and especially, people in the recovery community along with their families. Although government officials have a significant role to play, it is important to recognize that much of the responsibility for implementation rests with organizations and individuals outside of government.

The book, *Catalytic Leadership* (1998), describes the type of leader needed to effect the kinds of desired social and policy changes as a person who is a *catalyst of change*, one who can bring talent and resources to bear on crosscutting public issues. The book makes the case for a new leadership style – one in which leaders forge collective action from people and organizations that often have differing opinions and goals. The leaders' ability to guide and influence change will necessitate personal integrity, skill in communicating a shared sense of the desirable future, a passion for results, and a willingness to invest the time to motivate and coordinate the kinds of actions that create policy transformations.

Steps for Successful Leadership in the Development of Public Policy:

1. Raise the public awareness of the problem and frame the policy issue;
2. Identify important leverage points within the systems and develop working groups to propose solutions;
3. Develop strategies through facilitation, negotiation, mediation and forging agreements; and
4. Implement and sustain efforts using benchmarking and other evaluative assessments to maintain focus on desired outcomes and measure success.

Catalytic Leadership. Luke, JS (1998)

This report examines public policy and treatment improvement leadership for the field at three different levels: national, state and local/community. In each of those levels exist: conditions that constrain or restrict movement towards the accomplishment of our goals; opportunities that, when maximized, can provide important leverage points which facilitate adoption, enactment, and institutionalization of the desired change.

The report addresses some key questions regarding the dynamics of large-scale social change through public policy and the opportunities to capitalize on change initiatives, such as:

- What is the current status of leadership activities?
- What leadership development and support activities exist?
- What are the critical elements of leadership that need to be fostered among the current and emerging leaders in the field?
- How and what can we learn from those leaders who were truly pioneers as they advocated for and effected significant changes for the addiction field?
- What elements of change and leadership can be employed at the three levels of the system?

Learning from Leadership Pioneers

Public Policy

"Those who can not remember the past are condemned to repeat it." George Santayana, 1905

It is important to consider and learn from our history through recognition of the major contributions made by past leaders. One dynamic leader in the public policy realm was Harold Hughes. He was the person most responsible for the development of our nation's alcohol treatment system. Elected to the U.S. Senate in 1968, Iowa Senator Harold Hughes authored the 1970 Comprehensive Alcoholism Prevention and Treatment Act (more commonly known as the Hughes Act). This landmark federal legislation gave birth to the national alcoholism treatment system and created the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Later in his long career, Harold Hughes attempted to develop a national advocacy group in the recovery community, called S.O.A.R.

Another dynamic leader or *catalyst* was Marty Mann. She arose from a grassroots movement to transform a vision into reality through the creation of the National Committee for Education on Alcoholism (NCEA). This organization worked tirelessly to reduce the stigma attached to alcoholism. (The organization's name was changed to the National Council on Alcoholism and Drug Dependence in 1990). In the book, *Slaying the Dragon, The History of Addiction Treatment and Recovery in America (1998)*, author William White refers to Marty Mann as "*unquestionably one of the most successful public-health reformers in American history"* and "*the prime architect and energy source for the modern alcoholism movement."* He goes on to say that Marty Mann "*perhaps more than any other person is responsible for changing America's perception of alcoholism and the alcoholic*."

No discourse of the field's leadership pioneers would be complete without recognition of Bill Wilson and Dr. Bob Smith, who founded Alcoholics Anonymous (AA). Though AA had been preceded by a number of peer support organizations, AA has become the largest self-help recovery movement in history and left a legacy, which, to this day, continues to influence substance abuse treatment policy.

Each of these leaders felt a sense of urgency to change public attitudes toward alcoholism and brought to bear their courage to bring about changes in a time when addiction was a subject not often discussed. They truly exemplified the leadership qualities as described above - personal integrity, skill in communicating a shared sense of the desirable future, a passion for results, and a willingness to invest the time to motivate and coordinate the kinds of actions that create transformations. Each leader saw the need to continue his or her legacy through the creation of an advocacy organization.

Two other organizations merit acknowledgement for their historical leadership contributions to the substance abuse treatment field.

- National Committee for Education on Alcoholism (NCEA)

Created by Marty Mann, the National Council for Education on Alcoholism (NCEA) was envisioned as a national organization with chapters at the local level that would work to educate the public about alcoholism and work towards reducing the stigma attached to alcoholism. NCEA was also originally a component of the "Yale Plan" but became an independent organization in 1949. Over the years, the organization has undergone three name changes and is now known as the National Council on Alcoholism and Drug Dependence (NCADD). This organization was the vision of one woman.

- The Christopher D. Smithers Foundation

R. Brinkley Smithers, after undergoing successful treatment for alcoholism, founded this philanthropic organization in the early 1950s. Brinkley Smithers donated a combined total of more than $37 million over a 40-year period to projects that addressed alcoholism as a public health problem. William White writes, "It can be said without exaggeration that the Smithers resources provided a life-sustaining bridge between the rise of the alcoholism movement in the 1940s and the government's significant entrance into the alcoholism arena in the 1970s" (White, 1998). While there were other instances of philanthropic contribution to our field, these resources stand out as having made a significant contribution to the development of a professional field of alcoholism treatment. The Christopher D. Smithers Foundation was the vision of one man who understood the role that philanthropic organizations could play in the development of our field.

Each of the above individuals and the organizations that they created contributed significantly to the substance abuse treatment field at a crucial period in its history. Each of their efforts began with the vision of one person who believed that they could make a difference. They and many others laid the foundation for much of the progress attained in recent decades and helped set the stage for our current status. It is important to note the pioneering efforts of persons in recovery, who through their advocacy efforts have made significant in-roads in mobilizing diverse populations, fighting stigma, forging alliances, educating policy-makers and opinion leaders, providing input to treatment systems, and celebrating and supporting recovery.

For in depth information on the history of our field and of drug control policy, recommended reading is the book, *Slaying the Dragon, The History of Addiction Treatment and Recovery in America* (White, 1998). Also recommended is *The American Disease* by Dr. David Musto (1999).

Treatment Improvement

The history of the substance abuse treatment field as it relates to treatment improvement activities is also a rich and relatively long one. The first professional organization in the substance abuse treatment field was founded in 1870 (White, 1998). The American Association for the Cure of Inebriates was founded in New York City and its activities included professional information exchange and publication of a professional journal. Their meetings included discussions of treatment outcomes with "cure rates" of 33% to 66% reported. Again, the reader

is referred to William White's *Slaying the Dragon* for an in depth history of the substance abuse treatment field. The historical contributions of a few organizations to the improvement of substance abuse treatment, however, should be acknowledged.

The Research Council on Problems of Alcohol (RCPA)

RCPA, founded in 1937, was "remarkably successful in bringing together some of the most-renowned scientists in America concerned with alcohol-related problems. In 1947, the RCPA articulated a set of principles regarding the medical treatment of alcoholism. The RCPA declared that responsibility for the care of the alcoholic should be moved from police authorities to public health authorities and that the focal points for the treatment of alcoholism should be local general hospitals, university-affiliated hospitals, and – for the most severe cases of alcoholism – psychiatric hospitals (White, 1998).

When the RCPA disbanded in 1947, Dwight Anderson, who was employed by the New York Medical Society and served as Chair of RCPA's Committee on Public Relations, stated that the RCPA had for the first time focused the interest of both science and the public on alcoholism as a No.1 public-health problem (White, 1998).

Yale Center of Alcohol Studies

Yale Center of Alcohol Studies, though its original mission focused on research related to alcoholism, in 1937, it broadened its mission to include, among other activities, the goal of changing the public's conception of alcoholism through portrayal of the disease nature of alcoholism. The Yale Center of Alcohol Studies was active in a number of areas related to alcoholism, which were part of what was then called the "Yale Plan." Activities included research, publications (the *Quarterly Journal of Studies on Alcohol*) and its Summer School of Alcohol Studies. Through the school, thousands of individuals from a wide variety of backgrounds and professions received intensive training on a variety of subjects related to alcoholism treatment issues. The Center for Alcohol Studies and the Summer School of Alcohol Studies was moved to Rutgers University in 1962.

This report would be remiss without acknowledgment of the Minnesota Model of treatment that had a significant influence on alcoholism treatment programs (as well as on addictions treatment programs in general) throughout the country. The Hazelden Treatment Program, which was part of the development of that model, was also instrumental in promoting the Minnesota Model and, through their educational efforts, continues into current times as a force in treatment improvement. Likewise, the therapeutic community movement, which can be traced to programs such as Synanon and Daytop Village, has also played an important role in the development of the addictions treatment field.

As we move into the new century, treatment improvement activities encompass a variety of actions including: testing and implementation of evidence-based practices, the development of standard protocols, clinical toolboxes, staff development materials, quality improvement programs and service integration models, to name just a few.

Current Perspectives on Leadership in the Addiction Treatment and Recovery Field

"At the national level, leadership is noticeably fragmented, creating an obstacle to effective policy change . . . " Dr. Steven Schroeder, Robert Wood Johnson Foundation (2000)

Dr. Steven Schroeder (quoted above), served until recently as chief executive officer of the Robert Wood Johnson Foundation, an organization recognized as a major supporter of leadership development projects in the substance abuse treatment field. In his speech, "What Have We Learned? Where Do We Go" on March 3, 2000, he challenged other foundations to focus on substance abuse and identified problems related to leadership in the addiction field, including:

- the investment of people in a particular treatment approach to the exclusion of other approaches;
- sporadic, unpredictable and fragmented financial support;
- infighting;
- the lack of incentives to draw in the "best and brightest"; and
- the lack of diversity in leadership positions.

Dr. Schroeder is not alone in his opinion. A recent article in the *Alcoholism and Drug Abuse Weekly* (June 18, 2001) contains comments from more than a dozen field leaders who shared a similar concern for the lack of any unified, coordinated, effective advocacy effort in the field. A list of concerns expressed in this article includes:

- the field's inability to unify in greater numbers at the national level, and
- the inability of the field to shed ourselves of mutual suspicion and petty turf battles.

"One of the true tests of leadership is the ability to recognize a problem before it becomes an emergency."
Arnold Glasow

On a more positive note, there is a growing sentiment that the time may be right for the development of a strong and unified national voice, that the addiction field is in the midst of a ***sea change***, a term which has been used by as number of leaders. Leaders interviewed for the *Alcoholism and Drug Abuse Weekly* article suggested that there were a number of factors, which possibly indicated that, as the title of the articles states, "Timing May be Right for Advocacy Field to Come Together." Additionally, Dr. David Lewis, editor of the Brown University *Digest of Addiction Theory and Application,* gave credence to the growing leadership momentum by stating, "*Past efforts to form a strong constituency for treatment, prevention and research have been problematic. Now the field seems to be more willing to join forces across existing organizational boundaries."*

Public Policy Leadership at the National Level

"The first responsibility of a leader is to define reality." Max DePree (1989)

There are currently more than 35 national organizations that provide public policy leadership for substance abuse issues (see chart on this page for a partial listing and Appendix I for a full listing). This list does not include the growing number of substance abuse treatment divisions or committees that have been created by national professional associations, such as the American Psychological Association and the American Public Health Association. Each of these organizations was created by a core group of members who had a vision and who with their collective investment of time and commitment, created these organizations often through long and arduous processes. Their work was done on a voluntary basis and with minimal resources. Of these organizations: eight represent organizations that provide services; two represent individuals that provide services; nine are independent; and four represent special populations.

Key organizations perceived as having the most significant and consistent staff presence in addressing substance abuse treatment public policy in Washington:

- American Association for the Treatment of Opioid Dependence (previously the American Methadone Treatment Association)
- American Society of Addiction Medicine (ASAM)
- Community Anti-Drug Coalitions of America (CADCA)
- Legal Action Center (LAC)
- National Association of Addiction Treatment Providers (NAATP)
- National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
- National Association of Drug Court Professionals
- National Association of State Alcohol and Drug Abuse Directors (NASADAD)
- National Council on Alcoholism and Drug Dependence (NCADD)
- National Treatment Accountability for Safer Communities (National TASC)
- State Associations of Addiction Services (SAAS)
- Therapeutic Communities of America (TCA)

Many of these national organizations have no staff infrastructure and must depend on volunteers to carry out their activities. Others are, for the most part, understaffed, particularly as it relates to public policy functions. While each organization contributes significantly to the field, most do not coordinate their efforts at the national level. For example, most of these organizations have an annual conference, but each is independently scheduled with very little effort directed at coordinating the various events. The last effort to bring all of these organizations together occurred in 1994 (in California) under the leadership of NASADAD. Prior to that, a Drug Abuse Congress, involving most national organizations, was held in Boston in the mid 80's sponsored by the Alcohol and Drug Problems Association of North America (ADPA). All of these organizations provide information to their constituencies regarding public policy and are involved to some degree in public policy discussions.

Leadership on behalf of substance abuse treatment is not limited to these organizations. It also includes individual leaders such as: William Cope Moyers, an eloquent spokesperson on behalf of substance abuse issues and Joseph Califano, who as head of CASA has provided not only valuable research with major policy

implications but also has been a strong effective voice on our behalf. It also includes researchers such as Dr. Herb Kleber and Dr. Thomas McLellan who have produced research documents that continue to make significant contributions to public education efforts. Of particular note is the recent article, *Drug Dependence, a Chronic Medical Illness; Implications for Treatment, Insurance and Outcome Evaluation* (McLellan, et. al, 2000). This list also includes individuals outside of the field such as Bill and Judith Moyers, who created the 5-part PBS series entitled, *Moyers on Addiction: Close to Home*. Both of these initiatives continue to assist in changing the way that the public looks at addiction and treatment.

Leadership in the substance abuse treatment field includes not only eloquent voices but includes system-change agents such as the National Alliance for Model State Drug Laws, which will be discussed later in this document.

Political Context

In exploring the status of current leadership activities related to public policy, it is important to acknowledge the fact that, as Dr. Musto states in *The American Disease* (1999), *"Substance abuse is not only a health or a legal problem with public policy discussions limited to those arenas. As a field, we must come to grips with the reality that it is also a political problem addressed in a large number of political arenas and involving various levels of influence - from the grassroots level to that involving large corporations, unions and even international relationships."*

At a grassroots level, current public attitudes towards substance abuse are critical. As Dr. Musto states, "*…society's concept of the nature of addiction tends to determine the thrust and content of government policy. If the addict is seen as a 'sick person,' policy will tend to emphasize treatment and perhaps even maintenance. If the addict is seen as 'delinquent' or as one involved in a 'vicious habit,' policy will emphasize law enforcement."*

Substance abuse treatment public policy also interacts with the interests of large corporations, including those invested in the alcohol and tobacco industries, managed care, as well as those building prisons. These industries are motivated by large profits and exercise significant influence in many areas, including substance abuse policies.

Public policy decisions are made without the involvement of leaders in the addiction field. Part of the challenge is to define the field's role in each of these arenas. To do this will require that leadership, on behalf of substance abuse treatment, come not only from individuals and organizations within the field, but also those outside the field, such as corporate leaders, unions and the media.

Key Environmental Factors that Constrain Leadership at the National Level

The following conditions pose external and internal constraints to leadership at the national level of the system:

- **Federalism -** There has been a shift over the past decade giving individual states more responsibility and latitude to create their own public policies in many areas, including substance abuse treatment. As a result, some leadership resources and efforts previously directed toward public policy influence at the national level have been refocused to the state level. This increased focus on public policy at the state level lessens participation of field leaders in public policy development at the national level. In addition, national public policy is sometimes viewed as being more difficult to impact and having less of an immediate impact at the local level.

"The stakes… are too high for government to be a spectator sport."
Barbara Jordan

- **Organization of Federal Government** - The organizational structures of governmental agencies present a challenge not only for these agencies to coordinate their efforts, but also for those wishing to communicate with these agencies about national public policy.
- **Lack of Infrastructure Resources** – Few of the national organizations have part- or full-time staff dedicated to congressional advocacy activity, with even fewer staff focused on appropriations issues. Only one has a Political Action Committee (PAC) that provides organizations with a mechanism to be involved in campaign contributions through a PAC fund. None of the organizations has staff dedicated to grassroots advocacy training or organizing, and only one has any staffing with media expertise. Additionally, there is no "feeder system" to identify leaders at the local and state level and to support their movement to leadership positions at the national level. Compounding the struggle to maintain leadership, there have been many recent changes in the leadership of these national organizations, presenting additional challenges.
- **Lack of Coordination** - There have been a number of sporadic efforts over the years to coordinate the public policy efforts of the pertinent national organizations, with varying levels of success. Groups such as NASADAD, Therapeutic Communities of America and the Legal Action Center have coordinated these initiatives. Currently, the Legal Action Center has informally attempted to serve in a coordinating role. Historically, however, there has been no mechanism in place, which provides for systemic, sustained coordination.
- **Lack of Field Understanding of How National Public Policy Works** - Though this is true of all levels of public policy development, there is a particular lack of understanding of how public policy is influenced and developed at the national level. Many leaders and advocates for substance abuse issues do not have the opportunity to gain a full understanding of all aspects of the advocacy and policy-making processes. Even some of the most experienced persons rarely work at all levels of the system and employ a wide range of strategies.

Opportunities for the Development of Public Policy Leadership at the National Level

Advances in the past decade have opened the dialogue about the causes and correlates of addiction, the cost/benefits of treatment and the importance of advocacy among persons who are in recovery from substance abuse. Below, are three of the most critical developments that provide opportunities for field leaders to advance National Treatment Plan goals and objectives:

- **Science and Addiction** – There is now a vast and growing body of science related to addiction that is instrumental in changing public attitudes towards addiction and treatment, as well as in improving treatment effectiveness. Foremost among these scientific advances is a clear understanding that drug use is a preventable condition and that drug addiction is a treatable disease of the brain. Research has shown that the state of addiction comes about because prolonged drug use has modified the brain's functioning in ways that last long after the individual stops using drugs (NIDA, 1999). This science now needs to be applied to improve substance abuse treatment practices.
- **Changes in Public Opinion** – A growing number of Americans believe that the federal drug control strategy should place a greater emphasis on treatment and prevention, and less emphasis on criminal justice according to a 2000 poll conducted by Peter Hart for Drug Strategies. In the same survey, three in five adults said that drug abuse is a public health problem (while only slightly more than half of adults agreed with that statement three years ago) and believe that those suffering from the illness should receive professionally indicated treatment.
- **Recovery Community Advocacy** – With the greater understanding of the science of addiction and the gradual shifting of public opinion, several national movements are underway to mobilize recovery community constituency groups to represent people in recovery and their families. Although still burdened by the stigma associated with being a person with substance abuse problems, persons in recovery have been able to draw strength from the lessons learned from mental health and other disability advocacy efforts, such as those of the American Lung Association and the American Diabetes Association. Lessons learned from both history and current activities in other fields suggest that the involvement of and leadership from the recovery community is essential.

Two additional developments have received less attention than those listed above but are also important. The creation of a number of leadership development initiatives and an increasing interest among foundations to support substance abuse issues present further opportunities for advancing NTP objectives:

- Foundation Support - Overall foundation giving increased by 61% between 1980 and 1987, according to the Foundation Center. Support for substance abuse projects, however, increased by 400%. Additionally, in 1989, foundations other than the Robert Wood Foundation awarded 420 grants totaling $18.8 million for substance abuse projects. Though this figure remains small, the trend is a positive one.
- **Tobacco Initiatives** – Tobacco-related activities have steadily increased providing opportunities for new relationships. To date, most of this activity has been at the state level where minimal connections between tobacco prevention activities and the prevention of the use of other substances.

Critical Relationships

Substance abuse plays a substantial role in nearly all the other significant health and social ills of our nation, from HIV/AIDS, hepatitis and TB - to crime, social welfare, child abuse and neglect and domestic violence, homelessness and workplace problems. The impact of this cross cutting problem creates unique sets of challenges and opportunities. Recognizing that multifaceted solutions must come from a diverse coalition of collaborative leaders, it is also important for those efforts be coordinated and guided by experts in addiction. Yet, all too often, each of those systems seeks to develop its own policies and approaches without sufficient expertise in addiction or coordination with the substance abuse treatment system.

Substance abuse treatment and policy leaders need to establish productive relationships with (1) their counterparts in the rest of the health care world, including mental health, primary health, and public health and (2) policy makers and leaders of other systems in which substance abuse is a significant factor. Overcoming this fragmentation will help to ensure that science and state-of-the-art treatment technology are factors considered in the development of public policy. In each of these sets of relationships there are both threats and opportunities to the development of sound policy, with the field of substance abuse treatment challenged by the fact that it is often perceived as a subset of the larger, dominant system.

Relationship with Health Care System

The policy relationships between substance abuse treatment, public health and primary health services are critical to the future of our field. In various parts of the country, some or all of these services are well coordinated and provided in integrated settings. In many other places, there is a lack of understanding about addiction in other parts of the health care system, while reciprocally, many substance abuse treatment staff are not as knowledgeable as would be ideal about HIV and other important health problems that many of their clients experience.

Relationship with Mental Health System

The relationship between the substance abuse treatment system and the mental health care system on the national and state levels has fluctuated over the years among "productive," "healthy tension" and "adversarial." In recent years, there has been increased pressure on both the mental health and substance abuse service systems to better coordinate their services and to do a better job of treating individuals with co-occurring mental health and substance abuse disorders. Complicating the situation, the field has experienced an increased involvement by managed care and behavioral health carve-out organizations whose approaches have often been perceived as based in medical and psychiatric models, rather than sound substance abuse treatment policy.

The substance abuse treatment field in many cases has not developed the relationships necessary to "be at the table" and to be involved in policy decisions. The relationship between substance abuse treatment and mental health, public health, and primary health services will only become more crucial in the future and will require increased attention by the addiction field.

Relationship with Criminal Justice, Welfare, Child Welfare and Other Systems

The criminal justice, welfare, and child welfare systems have been a major source of referrals for substance abuse treatment for many years. Likewise, treatment proponents have received support for increasing resources from judges, prosecutors, caseworkers and other representatives of these systems. At all levels of public policy, substance abuse is often defined primarily as a public safety and criminal justice issue – and increasingly as a key factor in reducing welfare dependence, workplace problems, child abuse and neglect, and homelessness - receiving considerable visibility and public financial support as a result of that positioning. Policy makers are increasingly aware of the significant cost savings in all of these systems as a result of substance abuse treatment.

" Leadership has a harder job to do than just choosing sides; it must bring sides together.
Jesse Jackson

As the addiction field continues to move forward to strengthen all these relationships, it should be noted that the significant involvement of the criminal justice system has major implications beyond that of resource allocation, including efforts to reduce stigma. There is a concern among some in the field that efforts to reduce stigma may be significantly constrained if there is over-emphasis on a criminal justice model.

Current National Public Policy Leadership Development and Support Initiatives

Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJ) has had a longstanding and deep investment in reducing substance abuse – tobacco, alcohol and illegal drug use. In 1987, RWJ adopted alcohol and drug abuse as one of ten new specific interest areas. Since 1991, "reducing the harm caused by tobacco, alcohol, and illegal drugs" has been one of three foundation goal areas, a decision which has had major implications for our field. In 1999 alone, the foundation awarded $123 million in programs to address substance abuse, representing 30% of the grant money they awarded.

Programs created by Robert Wood Johnson Foundation initiatives include:

- **Fighting Back** – The Robert Wood Johnson Foundation provided grant support in 1987 to mobilize communities to fight drug and alcohol abuse. The foundation invested $26.4 million in this program, which constituted the single largest commitment of private funds ever made in this country to address substance abuse.
- **Partnership for Drug–Free America** – In 1988, the Robert Wood Johnson Foundation funded this national media campaign that mobilized some of the country's best public relations talent to develop anti-drug messages.
- **Center on Addiction and Substance Abuse (CASA)** – The Robert Wood Johnson Foundation provided support in 1991 for the creation of the research center at Columbia University. With strong leadership provided by Joseph Califano, CASA has provided some of the most significant policy-related research that has made a significant contribution to the development of sound substance abuse public policy.

- **PRISM Awards** – This co-sponsorship between the Robert Wood Johnson Foundation and NIDA provides awards to Hollywood filmmakers for excellence in creative work dealing with substance abuse.

- **Community Anti-Drug Coalitions of America (CADCA)**

  CADCA was founded in 1992 through the support of RWJ under the leadership of Jim Burke and Alvah Chapman, Leaders on the President's Drug Advisory Council. CADCA's mission is to build and strengthen the capacity of community coalitions to create safe, healthy and drug-free communities. CADCA supports its more than 5,000 community coalition members with technical assistance and training in the areas of public policy, media strategies and marketing. Though CADCA provides leadership primarily in the area of substance abuse prevention, its comprehensive approach includes treatment and its effective advocacy efforts clearly benefit substance abuse treatment at the national and community level.

- **Join Together**

  Join Together, founded in 1991 by the Robert Wood Johnson Foundation, supports community-based efforts across the country to reduce, prevent and treat substance abuse. Join Together is currently focusing attention on the need to expand treatment through its *Demand Treatment* initiative by:

  - building leadership in communities;
  - ending discrimination against people with the disease of alcoholism and other forms of drug addiction;
  - improving the quality of treatment; and
  - applying local data to local solutions.

  Join Together provides support to communities through its website, publications, training and technical assistance. The efforts of Join Together are an excellent example of effective leadership, utilizing technology, strategic planning and marketing skills, with a focus on partnerships and community–based action.

Specific to the development of leadership in the substance abuse treatment field, RWJ has created two programs:

- **Developing Leadership in Reducing Substance Abuse** focuses on individuals who are in the early stages of their career. This program provides three-year fellowships to individuals who show promise of becoming one of the next generations of leaders in the field. The fellowship provides mentoring experience, linking participants with nationally recognized leaders in the field or in related areas. The experience is designed to provide participants with the experiences, insights, competencies and skills necessary to achieve or advance in a leadership position.

- **Innovators Combating Substance Abuse** recognizes and rewards individuals who have already made substantial, innovative contributions to the field by providing project funding for them to continue work that advances the field.

The Alliance Project

The Alliance Project is an organization dedicated to providing support to the development of public leaders in addiction. It is a collaborative effort of many existing organizations in the field working towards sound public policy related to alcohol and drug addiction. The Alliance Project provides technical assistance, materials and other tools to assist advocacy organizations in effectively delivering their message.

The Alliance Project recently sponsored the *Faces and Voices of Recovery* meeting on October 5-7, 2001, in St. Paul, Minnesota - the first-ever national meeting of local recovery leaders. This meeting provided a forum for people in recovery to develop a planned media campaign, which will focus on both the recovery community and the public at large.

Public Policy Leadership at the State Level

Many of the national trends described earlier in this document also have an impact on the creation of substance abuse public policy at the state level. There are, however, a number of issues unique to the state level. As indicated previously, a shift of decision-making responsibility from the federal government to the states has occurred in many areas, including substance abuse, with the creation of block grant programs. This trend has continued, as exemplified by the recent welfare reform initiative, which gives significant latitude to the states. As a result, significant variability among states exists in all areas of public policy.

Key Environmental Factors that Constrain Public Policy Leadership at the State Level

Though the role of states (and local governments) in creating substance abuse treatment public policy has increased greatly, the challenges faced at those levels are tremendous:

- **Diffusion of Responsibility for Substance Abuse Treatment Public Policy** - Responsibility for substance abuse treatment public policy at the state level has been significantly diffused, primarily as a result of a significant increase in the number of state agencies purchasing services and therefore invested in setting policy. This is particularly true for Medicaid, which has become a major funder in many states and has become more prominent and influential in the state public policy arena. A number of other state agencies (Corrections, Juvenile Justice) are also purchasing substance abuse services. Communication between the various state agencies has been challenging in many instances and has frequently led to the creation of parallel (and at times conflicting) policies.
- **Decreasing Single State Agency for Substance Abuse (SSA) Authority and Resources** - The original concept of the SSA gave state agencies some degree of jurisdiction over substance abuse treatment policy in other state agencies involved in the provision of substance abuse treatment. Over time, however, that authority has eroded in many states and has been accompanied by the downgrading of the SSAs to lower levels of the governmental bureaucracy. Several additional environmental conditions have decreased the ability of SSAs to have a strong and effective voice in the creation of public policy:
    - There has been a high turnover in the director positions, estimated by one state director to be more than 30% every two years.
    - SSA directors have been operating in a very austere fiscal environment with severe limits on staffing and travel.

Even in the face of these difficult challenges, a number of SSAs have demonstrated considerable leadership. Examples of such leadership include the development of the CALDATA study in California, utilized widely to demonstrate the cost-effectiveness of substance abuse treatment and the Washington State cost-effectiveness study.

- **Bleak Fiscal Environment** - The economic recession has clearly placed significant stress on state budgets. Because states must balance their budgets, legislatures and governors have been cutting budgets both by executive action and by special sessions. According to the National Conference of State Legislators' Health Policy Tracking Service, fiscal analysts predict that the downturn in the economy will negatively affect FY 2003 revenue even more than the current year.
- **Managed Care Initiatives** - Managed care initiatives have played a major role in the development of substance abuse public policy in many states. This has occurred often times without the benefit and input of significant substance abuse treatment expertise or utilization of the growing body of knowledge related to effective treatment. SSAs, who have traditionally represented the treatment expertise, have not always been positioned to significantly influence policies related to these initiatives.
- **Ballot Initiatives** - Ballot initiatives have become increasingly popular in many states, with a number of the proposals related to drug policy reform and with significant implications for substance abuse treatment. Arizona's Proposition 200 and California's Proposition 36 represent the first two such initiatives, with similar proposals under consideration in Ohio, Florida and a number of other states. These ballot initiatives have generally been very well resourced and well organized. They present a challenge for the field, particularly related to the partnerships that have been established between treatment and the criminal justice system, such as drug court programs.

Opportunities for Public Policy Leadership at the State Level

- **State Councils/Commissions** - A number of states have established state-level advisory entities (i.e. commissions, councils) related to substance abuse. While some address both mental heath and substance abuse issues, others focus only on substance abuse. A 1999 survey by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) indicates that there are at least 22 such entities. The survey also indicated that:
  - the majority of the councils address both substance abuse treatment and prevention; and
  - there is a wide variety in council membership, including providers (except in the state of Washington), legislators, government officials, specific ethnic groups, law enforcement officials, and educators, as well as employers and persons in recovery or family members.

> *"States can offer a more fertile ground for drug policy reform than the national political arena since they are smaller and less politically and socially complex. Different mechanisms for policy reform such as ballot initiatives are available and the task of political mobilization is less costly and less complicated. Grassroots movements are more easily facilitated in states, and the impetus for reform is often stronger at the state level, where the consequences of policy choices are more immediately evident."*
> ***Critical Choices: Making Drug Policy at the State Level.*** Drug Strategies, 2001

The NASADAD survey indicates that the functions of the council vary from state to state but that the most common functions include:

- advising the State Alcohol and Drug Agency;
- advising the Governor;
- reviewing the state treatment/prevention plan, Block Grants, and other state planning documents;
- reviewing pending legislation regarding substance use disorder policies, programs, and services;
- establishing funding priorities; and
- establishing policies on the collection/dissemination of data and statistics.

Some states have appointed statewide coordinators, sometimes known as "drug czars." Similar to the councils, these positions vary significantly in their scope of authority and in their responsibilities. Little information is available at this time on these positions.

Though substance abuse touches on almost every aspect of society, it is often addressed in isolation in multiple policy arenas, resulting in a narrow focus (rather than comprehensive) and of low priority. State councils, commissions and substance abuse coordinating offices have the potential to:

- address substance abuse in a comprehensive fashion;
- raise the visibility and priority of this issue within a number of policy arenas; and
- provide an opportunity for collaboration by all stakeholders, including persons from the recovery community and their families.

Experience in other fields such as developmental disabilities indicates that groups such as these have significant potential for the development of sound public policy.

State Service Provider Associations

In the past three decades, state substance abuse provider associations have been created in more than 30 states. Given the tremendous lack of resources for developing infrastructures, the development of these associations is a tribute to the vision of community-based providers who were able to look beyond the four walls of their agency and unite collectively to accomplish many things they could not as individual agencies. State provider associations, in general, are involved in three areas of activity which are related to the topic of "leadership" and to the goals of the NTP:

- advocacy on behalf of sound public policy, including increased funding;
- professional development through conferences and workshops; and
- communication to their members on issues of importance to the field.

Though there are a significant number of state provider associations, the infrastructure resources available to the state associations are highly variable. Approximately 18 state provider associations have some paid staff. The remaining associations operate solely by utilizing volunteers from their membership.

In many states, the provider association works very closely and effectively with its SSA, other state agencies and the state legislature. As one state director commented, "provider associations can do many things that we as state government officials can't. Collaboration is essential." Though collaboration between SSAs and state provider associations is working effectively in many states, in others, provider associations remain an untapped resource as a grassroots constituency and a strong public policy voice.

Current State Public Policy Leadership Development and Support Initiatives

The National Alliance on Model State Drug Laws

The National Alliance was created by Congress as the President's Commission on Model State Drug Laws (1988). Though a national organization, it is primarily a resource for governors, state legislators, attorney generals and other community leaders, including treatment leaders, who are working toward the adoption of comprehensive, effective state drug and alcohol laws and policies. The National Alliance developed 44 model laws that offer a comprehensive response to substance abuse problems and has resources available to draft, research and analyze model state drug laws as well as to facilitate working relationships among state and community leaders and the substance abuse treatment field. The National Alliance has also fostered cooperative efforts among diverse professions, groups and individuals and has assisted in strengthening their commitment to action.

Though not as visible as other more-traditional leadership organizations, the National Alliance for Model State Drug Laws provides support for systems change. Leadership in the area of systems change is essential if public policy efforts are to be sustained on a long-term basis.

Public Policy Leadership at the Local Level

Consistent with the state level, there is considerable variability at local levels in public policies that relate to substance abuse. Variability is typically in: differing community attitudes towards substance abuse and treatment; the level of local financial support and service availability; and in the number and quality of partnerships between/among providers and other agencies. In the public sector, strong provider relationships usually exist with the criminal justice system, however, there are significantly fewer effective relationships with the public health system. Community coalitions have sprung up in many communities. Some have a total focus on substance abuse while others might be broader in scope, including mental health, violence, etc. in their mission. NCADD also has more than 100 chapters in communities throughout the country. Though many of these groups serve as an "umbrella" organization for substance abuse issues, the level of their activity specifically-related to treatment varies considerably.

Key Environmental Factors that Constrain Leadership at the Local Level

- **Lack of Management and Leadership Training -** Historically, the leadership of treatment provider agencies "came up through the ranks," with often a clinical rather than management or business background. CEOs have tended to be, out of necessity, more entrepreneurial than policy oriented with a focus on survival. Often there have been no systemic leadership or management development resources available to new managers.
- **Increasing Program Management Demands** - Internally, increased regulatory requirements, shifts in financing and data systems, as well as heavy caseloads present a real challenge. As one provider CEO said, "it's like running a M.A.S.H. unit on an ongoing basis."
- **Increasing Community Demands** - CEOs must also concurrently work effectively with the community, and be increasingly savvy in working with the media, other service providers, other systems, as well as local government entities. They must do all of this with a minimal amount of infrastructure resources. As a result, many provider leaders have tended to be reactive rather than proactive in their involvement with local public policy.
- **Aging of Existing Leadership** - Treatment providers are now experiencing the "graying" of the field. Many agency leadership and senior clinical staff are approaching retirement and very few agencies have addressed the issue of succession planning. Recruitment of "the best and the brightest" to fill open leadership positions is significantly challenged for many reasons, including the stigma attached to our clients and the field.

> *" The final test of a leader is that he leaves behind him in other men the conviction and will to carry on."*
> Walter Lipman

Opportunities for Public Policy Leadership at the Local Level

- **Service Integration** - Most community providers have effective linkages with the criminal justice system, utilizing model programs such as TASC (Treatment Alternatives for Safe

Communities) and drug courts. The experience gained from these models positions community leaders to develop similar programs for other populations (i.e., those in the child welfare system). As one provider stated, "the best examples of local leadership I have seen are those individuals who have developed relationships with other community stakeholders BEFORE there is a specific initiative that forces integration." Such opportunity for being "ahead of the curve" exists in other areas such as public health.

- **Community Education** – The increased public interest in substance abuse treatment provides an increased opportunity for leaders to educate them on addiction and treatment. Community coalitions, NCADD chapters and treatment provider leaders have an increased opportunity to work with the media, as well as with local, state and national government initiatives.

Current Local Public Policy Leadership Development and Support Initiatives

National Leadership Institute

Although no longer active, the National Leadership Institute (NLI) was established by CSAT for the purpose of assisting community-based substance abuse treatment providers to enhance their business and management skills, a number of which are related to leadership. Though a national organization, NLI provided local treatment agencies long-term technical assistance, training and web-based resources on such leadership-related topics as:

- strategic planning;
- board development;
- marketing;
- strategic positioning;
- effective leadership and supervision; and
- CEO succession planning.

NLI reported that, among the 80 treatment providers across the country they have served, assistance related to "Leadership and Vision" was the most requested area, with 67% of providers who received NLI services requesting assistance. NLI provided technical assistance to 230 organizations in 43 states and has provided over 50 training events with more than 1200 participants.

Preliminary Recommendations for Public Policy Leadership Development

In the course of researching material for this article, it became evident that little attention has been focused on the topic of "leadership" for substance abuse treatment. Discussions with current leaders in the field were the most stimulating and productive. Given the importance of this topic, it is essential that these discussions continue. It is also important that data be gathered and analyzed to assist in developing meaningful strategies. The following are preliminary recommendations related to public policy leadership that came from these discussions:

1. A National Treatment Plan Action Strategy should be developed by all stakeholders in the field that identifies priority goals, the action necessary to accomplish those goals, timeframes and the delegation of specific responsibilities to various organizations.
2. Strategies should be developed to increase the involvement of the philanthropic foundation community in support of substance abuse treatment policy and leadership.
3. National organizations should consider a wide range of possible collaborative efforts with other national organizations, from partnerships to consolidation with the purpose of ensuring maximum use of minimal resources.
4. Consideration should be given to an annual "National Substance Abuse Treatment Conference" which brings together all aspects of the field for training and networking which fosters unity and collaboration, while respecting diversity.
5. Cross training should be provided to the substance abuse treatment field on the effectiveness of diverse treatment strategies, including opioid agonist substitution/maintenance treatment.
6. All national organizations should reexamine their roles in support of mobilizing the recovery community, while respecting the independence of that community.
7. Existing efforts to mobilize the recovery community should be expanded, seeking financial support from foundations where possible.
8. A stronger mechanism should be put in place, which serves as a national clearinghouse/ coalition on substance abuse policy.
9. A systemic leadership development program should be created (linking with leading academic institutions such as the John F. Kennedy School of Government at Harvard University) which includes recruitment of potential leaders, training and a "feeder system" which provides them with leadership opportunities at the next level. Recruitment efforts should address issues of diversity.
10. Efforts should be undertaken to increase the involvement of the substance abuse treatment field in public health coalitions.
11. Communication should be increased with related professional associations that have created substance abuse committees or divisions.

12. Realizing the legislative and resource limitations it faces, CSAT should take every available opportunity to provide support to its constituency organizations, including structured mechanisms for ongoing two-way communication.

Leadership in the Substance Abuse Field	Environmental Constraints	Opportunities for Leadership
Public Policy Leadership – National Level	▪ Federalism ▪ Organization of Federal Government ▪ Lack of Infrastructure Resources ▪ Lack of Coordination ▪ Lack of Field Understanding of How National Public Policy Works	▪ Foundation Support ▪ Tobacco Initiatives ▪ Relationships with Criminal Justice System ▪ Relationships with the Mental Health System
Public Policy Leadership – State Level	▪ Diffusion of Responsibility for Substance Abuse Treatment Public Policy ▪ Decreasing SSA Authority and Resources ▪ Bleak Fiscal Environment ▪ Managed Care Initiatives ▪ Ballot Initiatives	▪ State Councils and Commissions ▪ Development of State Service Provider Associations ▪ SSA/ Service Provider Association Partnerships
Public Policy Leadership – Local Level	▪ Lack of Management and Leadership Training ▪ Increasing Program Management Demands ▪ Increasing Community Demands ▪ Aging of Existing Leadership	▪ Service Integration ▪ Community Education
Treatment Improvement Leadership- National	▪ Federalism ▪ Lack of Coordination of Government-Supported Treatment Improvement Resources ▪ Great Diversity within Field in Education and Beliefs ▪ Overly Narrow Focus of Field ▪ Existence of Two National Certification Entities ▪ Lack of Emphasis on Staying Abreast of New Developments ▪ Lack of Code of Ethics	▪ National Treatment Plan Recommendation Regarding Creation of System Connecting Services and Research ▪ Creation of Substance Abuse Committees/Divisions in Other Trade/ Professional Organizations
Treatment Improvement Leadership- State	▪ Increased Number of State Agencies Funding Substance Abuse Treatment ▪ Lack of Regulatory/Resource Support for Training	▪ State Provider Associations ▪ State Licensure/Certification ▪ Academic Institutions ▪ ASAM Efforts to Educate Physicians
Treatment Improvement Leadership- Local	▪ Dealing with Massive Change ▪ Regulatory Restrictions ▪ Workforce Development Challenges	▪ Community Partnerships ▪ Strategic Planning

Treatment Improvement Leadership at the National Level

Treatment improvement leadership at a national level includes many governmental efforts. A full listing would be exhaustive, however, some illustrative examples are the CSAT's Addictions Technology Transfer Centers (ATTCs), Practice Improvement Collaboratives (PICs), conference grant program, State Technical Assistance Program and other CSAT knowledge application activities, including the Treatment Improvement Exchange Forum and the Treatment Improvement Protocol Series publications and Technical Assistance Publication Series. Additional examples include: NIDA's Clinical Trials Networks Program; the NIDA publication, *Principles of Drug Addiction Treatment: A Research-based Guide;* NIAAA's Researchers in Residence Program; and the NIAAA plan, *Improving the Delivery of Alcohol Treatment and Prevention Services: A National Plan for Alcohol Health Services Research.*

Treatment improvement leadership is less easily identifiable in the nongovernmental sector, however. There are no readily identifiable leadership development initiatives specific to treatment improvement, though the benefits of those projects identified in the "Public Policy Leadership" section would likely be applicable to treatment improvement, too. Overall, all of the above suggests the need for greater emphasis in this area.

Individual Leadership

Many individuals have contributed significantly to treatment improvement activities throughout the country. It would not be possible within the confines of this report to name all of these individuals and some may be unintentionally excluded from any listing. It is important to acknowledge, however, that there are individual leaders at every level of the system – national, state, or local – who are considered *opinion* leaders by their peers. Opinion leaders are persons who most influence the opinions, attitudes, beliefs, and motivations of others (Rogers & Cartano, 1962), and who have demonstrated effectiveness in disseminating information about new ideas or clinical practice techniques. The effectiveness of utilizing such opinion leaders is addressed in research by researchers Thomas Valente and Rebecca Davis (1999). Two examples of such modern day leaders are: Dr. Thomas McLellan who is known for developing the Addiction Severity Index, a widely used assessment instrument, and Dr. Kenneth Minkoff who has been instrumental in establishing integrated systems of care in several states for persons with co-occurring mental health and substance abuse disorders.

"The ultimate test of a man is not where he stands in moments of comfort and convenience, but where he stands in times of challenge and controversy."
Martin Luther King, Jr.

Organizational Leadership

Most of the national leadership organizations listed in the public policy section listed on page 9 also provide activities related to treatment improvement, traditionally involving training offered at their annual conferences. There have been a number of important system development achievements by some of these organizations, including:

- Development of ASAM Patient Placement Criteria - Of particular note is the contribution of the American Society of Addiction Medicine (ASAM) to treatment improvement through the development of the ASAM Patient Placement Criteria. This criterion represents the most widely used national guidelines and represents a significant step towards a standardized approach to treatment. The criteria have proven to be particularly helpful in dealing with managed care companies.
- Development of NASADAD/NASMHPD Framework for Providing Services to People with Co-Occurring Substance Abuse and Mental Health Disorders - NASADAD has made a significant contribution in the area of treatment improvement through its many efforts. Of particular note is their work with the National Association of State Mental Health Program Directors (NASMHPD) to create a framework for providing services to people with co-occurring disorders.

Often under-resourced, many national leadership organizations have few resources (including staff) dedicated to treatment improvement. Though there have been some successes, it appears that there are limited organized efforts in the nongovernmental sector dedicated to improving the quality of treatment. The treatment field would benefit from building organizational capacity in this area.

Key Environmental Factors that Constrain Treatment Improvement Leadership

The following represents both the external and internal factors that constrain leadership in treatment improvement:

- **Federalism** - The transfer of significant responsibility for decision making to the states also affects treatment improvement and related leadership activities. Federalism makes it very difficult to create a national treatment system with standardized approaches to treatment and treatment improvement. There is great diversity among the states in both treatment approaches and treatment improvement activities.
- **Lack of Coordination of Government-Supported Treatment Improvement Resources** - Though there are a significant amount of government-supported treatment improvement resources, some of which are listed above, there is a lack of coordination among these resources to ensure that they are focused in a collaborative fashion on priority issues recommended in the NTP.
- **Great Diversity within Field in Education and Beliefs** - Workers in the field of substance abuse treatment come from a wide variety of backgrounds and educational experiences. Though this has contributed to the field's rich diversity, it presents a major challenge to develop educational programs that lead to improvement in treatment practices for the various levels of educational background (PhD, MA, BA, HS, etc). In addition, though agencies are working towards a "continuum of care" approach, there remains significant variation in service provider approaches to treatment.
- **Lack of Coordinated National Organization Approach to Treatment Improvement** - Treatment improvement activities sponsored by the national leadership organizations

tend to take a "shot gun" approach, with no communication among the organizations to reach agreement on treatment improvement priorities and designation of organizational responsibility. Similar to the area of public policy, there needs to be some forum or a clearinghouse in which national organizations ensure their treatment efforts are coordinated and have as great an impact as possible. Furthermore, their activities need to be coordinated with those of government-supported projects.

- **Overly Narrow Focus of the Field** - Field activities in both the pubic policy and treatment improvement arenas tend to be focused on the community-based, publicly funded treatment, with an occasional acknowledgement and inclusion of a limited part of the proprietary sector. Usually not included are the activities in areas where there is significant treatment activity, such as the Veteran's Administration and Employee Assistance Programs. As in the public policy area, our professional community must be broadened significantly if we are to achieve our goals.
- **Existence of Two National Certification Entities** - Currently, there are two national organizations involved in the certification of substance abuse treatment professionals, each with their own set of standards: the International Certification and Reciprocity Consortium (ICRC) and the Certification Commission of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). Though these organizations have on occasion worked in a cooperative fashion, in general their relationship is a competitive one. Given the minimal resources available, the existence of two organizations would appear to inhibit the maximum progress possible in the area of professional standards.
- **Lack of Emphasis on Staying Abreast of New Developments** – Substance abuse treatment professionals have typically not placed sufficient value on the need to stay abreast of new "best practices." This is partially a result of the relative youth of the addictions field which is, unlike most other human service or health professions, not in the habit of reading trade journals or other publications on a regular basis. Author Barry Brown, in the article *From Research to Practice - The Bridge is Out and the Water's Rising (2000),* reports that the substance abuse literature has proliferated in the past three decades through journals, conferences and Internet initiatives (17 professional journals have appeared); yet many direct service personnel have limited access to this material and/or little time to seek this information out on their own. Given the growing body of new knowledge, this presents some very real challenges.
- **Lack of Code of Ethics** - Though a number of organizations have addressed these issues to some degree, there is yet no professional code of ethics for the substance abuse treatment field that describes the basic principles to which all practitioners are expected to adhere and which attempts to ensure some standard for quality of care.

Opportunities For Treatment Improvement Leadership at the National Level

- **National Treatment Plan Recommendation Regarding Creation of System Connecting Services and Research** - Both the Institute of Medicine (IOM) Report, *Bridging the Gap Between Practice and Research* (Lamb, Greenlick, and McCarty, 1998)

and the NTP state that current efforts to link research to practice are inadequate and disjointed. The NTP Panel on this subject identified a critical need to connect researchers and practitioners both in the knowledge development process, as well as to more effectively link practitioners to knowledge transfer and application activities. The NTP also recommends the creation of a system designed to connect services to research (CSR) which, if accomplished, would provide a great opportunity to create an effective conduit for treatment improvement leadership.

- **Creation of Substance Abuse Committees/Divisions in Other Trade/ Professional Organizations** - A number of other trade and professional organizations have indicated an interest in substance abuse through the establishment of substance abuse committees or divisions within their organizations, such as the American Public Health Association, the Child Welfare League of America and the American Psychological Association, to name a few. Many of their membership are either directly or indirectly involved in substance abuse treatment. Linkage with these committees represents a great opportunity for cross training and, ultimately, treatment improvement.

Current National Treatment Improvement Leadership Development and Support Initiatives

Accrediting Organizations
Accrediting organizations such as the Joint Commission on the Accreditation of Hospital Organizations (JCAHO) and the Commission on the Accreditation of Rehabilitation Facilities (CARF) are positioned to serve as catalysts for improving the quality of substance abuse treatment services. CARF has accredited more than 2,800 substance abuse treatment programs.

Speaking to a recent SAMHSA decision to select four organizations that will accredit programs for use of methadone and LAAM, SAMHSA Administrator Charles G. Curie stated (*Substance Abuse Research Policy Report, Dec. 2001):*

> *"Accreditation is a fundamental shift in the way we approach drug abuse treatment in our nation. Accreditation can help reduce stigma and discrimination by moving drug abuse treatment into mainstream medicine. Just like treatment for other diseases, physicians and other healthcare professionals will make decisions based on standards that emphasize the best care for patients."*

National Leadership Institute
As described in a previous section, the National Leadership Institute (NLI) was established by CSAT for the purpose of assisting substance abuse providers to enhance their business and management skills, some of which are related to treatment improvement leadership. Some of the topics related to this area include:

- quality management;
- preparing for accreditation;
- customer service planning and development; and

- network development.

Brown University Center for Alcohol and Addiction Studies (CAAS)

The mission of CAAS is to promote the identification, prevention and effective treatment of alcohol and other drug abuse problems through research, education, training and policy advocacy. The Center has a number of training programs including:

- post-doctoral research training for those wishing to pursue a career in alcohol abuse and alcoholism research;
- a training program in alcohol and drug abuse issues for medical students; and
- an Addiction Technology Transfer Center whose mission is to synthesize current substance abuse research and apply this research to knowledge development activities in order to promote systems development, improve client outcomes and increase treatment effectiveness.

Treatment Improvement Leadership at the State Level

In many states, the SSA role related to treatment improvement has increased in the regulatory area, particularly with utilization of performance outcome measures. The role of the SSA in advancing the state of the knowledge regarding effective substance abuse treatment practices has diminished significantly over the years. This is particularly true in the provision of addiction counselor skill training and technical assistance to agencies. Currently, SSA training resources in many states tend to be focused on policy and regulatory-related training, particularly linked to the integration of substance abuse services with other systems (i.e., child welfare).

A number of SSAs now contract with state provider associations for the delivery of the training events that benefit the field. Many of these state organizations have a professional development component, including an annual conference that serves as one vehicle for training and knowledge dissemination. In many states, responsibility for training counselors has shifted entirely to the provider agency. Other organizations also provide education and training that affect treatment improvement, such as ASAM and NAADAC chapters.

Key Environmental Factors that Constrain Treatment Improvement Leadership at the State Level

- **Increased Number of State Agencies Funding Substance Abuse Treatment** – The funding and delivery of substance abuse treatment services often occurs across multiple state agencies, (Corrections, Juvenile Justice, Health, etc.) resulting in multiple treatment systems in many states. Each of the agency systems often has its own definition of treatment (i.e., service array, length of stay, reimbursement rate) and its own set of regulations. This multiplicity presents considerable challenges to treatment improvement activities.
- **Lack of Regulatory/Resource Support for Training** - Federal funds previously available to states in support of workforce development (STSP) were collapsed into the block grant and in many states, this program has disappeared. In the current austere fiscal environment, workforce development through training is often one of the first budget categories to be cut. Travel resources for state personnel and service provider staff are limited.

Opportunities For Treatment Improvement Leadership at the State Level

- **State Provider Associations** - State provider associations are well positioned to provide leadership in improving the quality of treatment. Associations can mobilize their members using peer-to-peer networks to implement treatment improvement strategies, and are well positioned to implement treatment improvement recognition programs. Their professional development and communication programs offer a foundation that could be expanded to assist in improving treatment. Finally, state provider associations offer an excellent vehicle for the transmission of professional values, which can place

greater emphasis on the need to stay abreast of research findings and to implement evidence-based practices.

- **State Licensure/Certification** - According to the International Certification and Reciprocity Consortium (ICRC), twenty states have licensure for addictions professionals, twenty-four states have voluntary certification and seven states have a mandatory state certification process. State licensure and certification boards are mechanisms that could be utilized to further treatment improvement goals through increasing the professional standards for addiction counselors.
- **Academic Institutions** - Educational institutions are slowly increasing the use of academic curricula on topics related to addiction, certificate programs in addiction and degree-bearing courses in addiction studies that can be brought to bear in educating substance abuse counselors and improving treatment practices.
- **ASAM Efforts to Educate Physicians** – The American Society for Addiction Medicine, which has chapters in four states (California, Florida, Oregon and Washington), continues its efforts to educate physicians.

Treatment Improvement Leadership at the Local Level

Local service providers face a number of challenges that influence their ability to focus on treatment improvement activities. Faced with inadequate resources, client waiting lists, coupled with increasing expectations by the community and regulators, they are often in a "survival mode." As one service provider CEO stated, "*It's like running a M.A.S.H. unit on an ongoing basis."* Given this challenging environment, the ability of provider agency leaders not only to survive but to implement treatment improvement strategies is a tribute to their resiliency, their determination and their commitment to providing the best care possible to their clients.

In spite of all of these challenges, a number of community-based providers have taken the initiative to be involved in the federal treatment improvement programs available. There are numerous examples of strong leadership at the local level both by government and provider leaders. Two of these are:

1) **Systems Change Leadership** by Florida Department of Children & Families Substance Abuse and Mental Health Administrator, Mark Engelhardt, to bring all stakeholders in the Tampa Bay area together to develop an integrated acute care system which meets the needs of both substance abuse and mental health clients.
2) **Leadership Communicating the National Treatment Plan Vision** by Chilo Madrid, CEO for Aliviane, Inc. in El Paso, Texas who has utilized every opportunity to disseminate information on the NTP, including development of a video presenting the NTP, a workshop on the NTP at a US/Mexico Border Conference and the development of a "tool box" manual written in both Spanish and English which described several evidence-based treatment approaches, specifically appropriate for use by counselors in the border region.

Key Environmental Factors that Constrain Treatment Improvement Leadership at the Local Level

- **Dealing with Massive Change** - One of the most significant factors facing service provider leadership is the massive amount of change that they are wrestling with on a number of fronts. In addition to administrative changes in contracting, data reporting and financing approaches, service provider agencies are facing fundamental philosophical and operational shifts:

Traditional		**New Focus**
Charismatic Leadership	→	Systems Development
Program Focus	→	Client Focus
Individual Agencies/ Modalities	→	Networks, Continuum of Care
Ideology-based Treatment Strategies	→	Evidence-based Treatment Strategies
Treatment Focus	→	Recovery Focus

Each of these paradigm shifts is significant. Combined, they represent a daunting challenge.

- **Regulatory Restrictions** - Rather than provide incentives for activities related to treatment improvement, regulations often make it difficult to provide counselors with necessary training and clinical supervision.
- **Workforce Development Challenges** - Local provider agencies face a number of significant workforce development issues, many of which are described in the NTP Panel V Report. These include:
  - inadequate quantitative workforce data;
  - increasing complexity of the patient population;
  - wide variety of provider staff educational backgrounds; and
  - lack of resources for training and education.

Inadequate salaries are also perceived as a very real hurdle to hiring "the best and the brightest." As a result of an inadequate salary level, providers experience very high staff turnover rates (ex. 60% in the first 3 months), as provider agencies serve as a training ground for other health and human service organizations.

Opportunities for Treatment Improvement Leadership at the Local Level

Community Partnerships

The longstanding dependency of substance abuse treatment agencies on referrals (often from the criminal justice system) has necessitated an emphasis on partnerships. In fact, one of the identified characteristics of leadership at the local level is the ability to be proactive in the creation and maintenance of partnerships. As other community agencies become more aware of the impact of substance abuse on their client population (ex. child welfare), there are an increasing number of opportunities for collaboration and partnerships.

Strategic Planning

Massive internal and environmental change necessitates a greater provider agency emphasis on strategic planning. The ability to work effectively with the agency board of directors to define the agency's niche in the community is crucial and an essential leadership characteristic. Fortunately, resources to assist providers in this area are available through the National Leadership Institute (NLI).

Preliminary Recommendations for Treatment Improvement Leadership Development:

1. A strategic action plan which implements the National Treatment Plan should be developed involving all of the stakeholders, including priority setting, time frames and assignment of responsibility.
2. A national survey of salaries in substance abuse treatment agencies should be conducted, in a format that allows for comparison with other agencies.
3. CSAT should work with the states to develop incentives for provider agencies, other than methadone, to obtain accreditation.
4. CSAT should consider the development of a Treatment Improvement Grant Program which resources efforts to systemically improve the quality of treatment at the agency, community or state level.
5. All field organizations should reexamine their roles as they relate to leadership in treatment improvement, as well as resources dedicated to this important area.
6. All CSAT training programs should examine their role in the area of treatment improvement leadership.
7. A mechanism should be developed which provides for the coordination of both field organization and CSAT-sponsored treatment improvement activities.
8. CSAT should consider the creation of a mechanism that provides treatment improvement information exchange among local and state leaders, drawing on participants in the CSAT Practice and Research Collaboratives and NIDA Clinical Trials Program.
9. A National Advisory Board to the CSR (Connecting Services to Research) System should be created, as recommended in the NTP.
10. All relevant organizations should examine their roles as they relate to the creation of Treatment Improvement Recognition Programs.
11. An annual conference should be held which addresses both public policy and treatment improvement.

Conclusion

"These are hard times in which a genius would wish to live. Great necessities call forth great leaders." Abigail Adams, 1790, in a letter to Thomas Jefferson

As evidenced throughout this paper, there is considerable unanimity both in and outside of the field that the current leadership for substance abuse treatment is not adequate to meet the current needs and is too fragmented. There is an important shift, however, moving the addiction field from complacency with the status quo to one of urgency. Though this paper identifies a number of constraints to progress, there is a growing optimism that the time is right for all concerned stakeholders to unite in a manner unprecedented in the history of substance abuse treatment and recovery. To do so will require everyone to work collaboratively, with a focus centered on common ground rather than on differences. It will require a broad constituency of stakeholders to unite around a common vision. The National Treatment Plan provides the guiding vision.

History has shown that committed individuals and organizations can make a very real difference. The National Treatment Plan must be translated into action strategies for achieving that vision. A National Treatment Plan coalition of national, state and local organizations must share specific responsibility for implementation of the recommended actions. Individual leaders will be essential to energize and mobilize the thousands of individuals who are committed to substance abuse treatment and recovery. It will require reaching out to form new partnerships in the political arena as well as the broader health and human services community. It will require significant systems change to ensure that efforts are sustained and that effective treatment strategies become standard procedure.

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Appendix I

NATIONAL LEADERSHIP ORGANIZATIONS FOR SUBSTANCE ABUSE TREATMENT AND RECOVERY

The Alcohol and Drug Problems Association of North America (ADPA)
The Alliance Project
American Academy of Health Care Providers in the Addictive Disorders (AAHCPAD)
American Association for Treatment of Opioid Dependence (previously American Methadone Treatment Association)
American Managed Behavioral Healthcare Association (AMBHA)
American Medical Association (AMA)
American Society of Addiction Medicine (ASAM)
Association for Medical Education and Research in Substance Abuse (AMERSA)
Association of Halfway House Alcoholism Programs of North America, Inc. (AHHAP)
Center for Science in Public Interest (CSPI)
College on Problems of Drug Dependence (CPDD)
Community Anti-Drug Coalitions of America (CADCA)
Drug Strategies
Employee Assistance Professionals Association (EAPA)
International Nurses Society on Addictions (INTNSA)
Join Together (JTO)
Legal Action Center (LAC)
National Alliance of Methadone Advocates
National Alliance on Model State Drug Laws
National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
National Association on Alcohol, Drugs & Disability (NAADD)
National Association for Children of Alcoholics (NACoA)
National Association of Addiction Treatment Providers (NAATP)
National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
National Association of Drug Court Professionals
National Association of Lesbian and Gay Addiction Professionals (NALGAP)
National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD)
National Black Alcoholism and Addictions Council (NBAC)
National Center on Addiction & Substance Abuse at Columbia University (CASA)
National Council for Community Behavioral Healthcare (NCCBH)
National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
National Latino Council on Alcohol and Tobacco Problems
National Treatment Accountability for Safer Communities (National TASC)
Pacific Institute for Research and Evaluation
Partnership for Drug-Free American (PDFA)
Partnership for Recovery
Physician Leadership on National Drug Policy (PLNDP)
State Associations of Addiction Services (SAAS)
Therapeutic Communities of American (TCA)